

## **Instruction for Completing School Application**

- This application must be submitted in a 1" three ring binder. The application must be typed, signed, dated, notarized and accompanied by a money order for \$50.00 made payable to Alabama Board of Massage Therapy. Annual renewal fee is \$10.00. Please note that if a change in curriculum, ownership or faculty occurs, you must submit the new information in writing within 30 days to the Board office. Please complete and return this entire application.
- In the three ring binder each of the following shall be labeled and have its own divider:

### **(Use this as a checklist for your application)**

1. Sample transcript and sample diploma.
2. Send a copy of the curriculum schedule for massage therapy to include a week by week description of topics to be covered for the entire training period of each program.
3. List instructional material and equipment to be used, such as, test materials, supplemental teaching devices, audio visual aids, major items of demonstration and practice equipment.
4. What methods are/will be used to keep subject matter up to date?
5. Send proof of accreditation by the Alabama Department of Education, if out-of-state; please provide appropriate school board accreditation.

6. Submit faculty credentials to include:  
Instructors (complete the following table).

<b>Instructor</b>	<b>LMT number</b>	<b>Instructor License number</b>	<b>Full Time/Part Time</b>

\*Please complete the attached Massage Therapy Instructor application for every instructor not already licensed by the Alabama Board of Massage Therapy.

- a. Please include the instructors primary responsibility, educational background, major study area, degree or certification earned, related work experience, job titles, duties, and other qualifications.
7. Include a copy of your published policy regarding performance level required before students can graduate.
  8. Send copies of your enrollment contract. Your enrollment contract is the contract you have with anyone who is enrolled in your school.
  9. Submit training objectives of each program offered by the school.
  10. Syllabus for each course (each in its own divider).
  11. Complete the following table for all the training programs for your staff.

<b>Program Title</b>	<b>Total Hours</b>	<b>Number of weeks required for Completion</b>	
		<b>Day</b>	<b>Evening</b>

12. Please list all the credentials a student may be awarded.
13. A copy of your catalogue.
14. Has your institution had any civil or government initiated investigations, complaints or legal action during the past 5 years? Give dates, charges, and final disposition.
15. What other legal action has occurred during the past five years of a material nature regarding your massage therapy education or status? Any legal action pending? Please give full description.

**Ownership check as appropriate:**

_____ Individual	_____ Foundation
_____ Partnership	_____ Franchise
_____ Corporate	_____ Other (enter)

**Owner Name:**

Mailing Address	Physical Address (if different)
Address:	
City:	
State/Zip:	
Telephone:	
Email:	

**Official Name of Institution:**

Mailing Address	Physical Address (if different)
Address:	
City:	
State/Zip:	
Telephone:	Email:

## **Administration**

### **Chief Administrative Officer of Institute:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

List all additional administrative officers and a way to contact them.

<b>Name</b>	<b>Telephone Number</b>

### **Chief Academic Officer of Institute:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: (\_\_\_\_) \_\_\_\_\_

### **Authorized Agent:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_

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Signature (School Administrator or any School officer) \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and Sworn to before me  
This \_\_\_\_\_ day of \_\_\_\_\_

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NOTARY SEAL – SIGNATURE OF NOTARY PUBLIC

My Commission Expires \_\_\_\_\_  
Commission Stamp